



STATE OF HAWAII  
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
WAGE STANDARDS DIVISION

Princess Keelikolani Building, 830 Punchbowl Street, Room 340, Honolulu, Hawaii 96813

**INSTRUCTION SHEET FOR COMPLAINT FORM WSD-1.398**

Chapter 398, Family Leave Law

**Instructions**

**Please completely fill out the WSD-1.398 Complaint Form.**

Please type or print legibly. Read all instructions before completing the forms. If you have any questions, call the nearest office at the number listed below.

**WSD-1 Complaint Form**

**Note:** For a family leave complaint, you must file within 90 days of either: (1) the date of the alleged violation, or (2) the date you learned about the alleged violation.

**Page 1 of 3:**

Items 1 through 9: Provide information pertaining to yourself.

Items 10 through 14: Provide information about the employer you are filing a complaint against.

**Page 2 of 3:**

***Statement of facts:***

(a) Briefly state the alleged violation.

(b) Describe how the employer committed the alleged violation by providing a brief summary of the pertinent instances or examples which support your allegation.

***Verification and Signature:***

- Your complaint must be verified by an authorized Department of Labor and Industrial Relations representative. **You will be required to produce identification. If you mail your complaint, it must be signed before a notary public.**
- Check box if complainant is under 18 years old. If legal action becomes necessary, a parent or legal guardian must sign an assignment.

**Page 3 of 3:**

Complete and sign the attachment page.

**IMPORTANT:** Report any change of address or telephone number. If we are unable to contact you, your case will be closed.

The **Delivery Information** section below lists various delivery options. Please select the most convenient method and submit the completed form accordingly. **Please remember to sign and date the form before submitting it.**

**Delivery Information**

**Delivery by U.S. Mail or In-Person**

Department of Labor and Industrial Relations, Wage Standards Division

Oahu	Hilo	West Hawaii
Princess Keelikolani Building, 830 Punchbowl Street, Rm. 340, Honolulu, HI 96813  Phone: (808) 586-8777	State Building, Rm. 108, Hilo, HI 96720  Phone: (808) 974-6464	Post Office Building, P.O. Box 49, Kealahou, HI 96750  Phone: (808) 322-4808
Kauai	Maui	
3060 Ewa Street, Rm. 202, Lihue, HI 96766  Phone: (808) 274-3351	2264 Aupuni Street, Wailuku, HI 96793  Phone: (808) 984-2075	

Visit our Website at [www.hawaii.gov/labor](http://www.hawaii.gov/labor) for ALL interactive and downloadable forms.



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COMPLAINT FORM WSD-1.398

Chapter 398, Family Leave Law

COMPLAINT

*Please print or type:*

**Complainant Information**

1. Name (Last, First, Middle Initial) <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		2. Social Security Number XXX - XX -	
3. Address		City	State
4. Phone ( )		Cell Phone ( )	
5. Type of Work Performed			
6. Employment Status <input type="checkbox"/> Current Employee of Employer Named Below <input type="checkbox"/> Quit <input type="checkbox"/> Discharged			
7. If No Longer Employed, Reason			
8. Date(s)/Period of Employment		From	To
9. Union Membership <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Name of Union:			

**Employer Information**

10. Business Name			
11. Address		City	State
12. Phone ( )		Fax ( )	
13. Name and Title of Owner or Person in Charge			
14. Nature of Business			

FOR OFFICE USE ONLY		Law				
Date Received		ICB				
		CS				
Taken by	DOL#:	IS1		IS2		
	H K M WH	HB			No.	

## Page 2 of 3

Table 1. Demographic characteristics of the study population		Table 2. Demographic characteristics of the study population	
Characteristic	Frequency	Characteristic	Frequency
Age (years)		Gender	
18-24	10	Male	10
25-34	10	Female	10
35-44	10		
45-54	10		
55-64	10		
65-74	10		
75-84	10		
85-94	10		
95-104	10		
105-114	10		
115-124	10		
125-134	10		
135-144	10		
145-154	10		
155-164	10		
165-174	10		
175-184	10		
185-194	10		
195-204	10		
205-214	10		
215-224	10		
225-234	10		
235-244	10		
245-254	10		
255-264	10		
265-274	10		
275-284	10		
285-294	10		
295-304	10		
305-314	10		
315-324	10		
325-334	10		
335-344	10		
345-354	10		
355-364	10		
365-374	10		
375-384	10		
385-394	10		
395-404	10		
405-414	10		
415-424	10		
425-434	10		
435-444	10		
445-454	10		
455-464	10		
465-474	10		
475-484	10		
485-494	10		
495-504	10		
505-514	10		
515-524	10		
525-534	10		
535-544	10		
545-554	10		
555-564	10		
565-574	10		
575-584	10		
585-594	10		
595-604	10		
605-614	10		
615-624	10		
625-634	10		
635-644	10		
645-654	10		
655-664	10		
665-674	10		
675-684	10		
685-694	10		
695-704	10		
705-714	10		
715-724	10		
725-734	10		
735-744	10		
745-754	10		
755-764	10		
765-774	10		
775-784	10		
785-794	10		
795-804	10		
805-814	10		
815-824	10		
825-834	10		
835-844	10		
845-854	10		
855-864	10		
865-874	10		
875-884	10		
885-894	10		
895-904	10		
905-914	10		
915-924	10		
925-934	10		
935-944	10		
945-954	10		
955-964	10		
965-974	10		
975-984	10		
985-994	10		
995-1004	10		
1005-1014	10		
1015-1024	10		
1025-1034	10		
1035-1044	10		
1045-1054	10		
1055-1064	10		
1065-1074	10		
1075-1084	10		
1085-1094	10		
1095-1104	10		
1105-1114	10		
1115-1124	10		
1125-1134	10		
1135-1144	10		
1145-1154	10		
1155-1164	10		
1165-1174	10		
1175-1184	10		
1185-1194	10		
119			

***Note: Do not date or sign unless in the presence of an authorized DLIR representative or a notary public.***

Date: \_\_\_\_\_ Signature of Complainant: \_\_\_\_\_  
☐ *Check if under 18 years old*

<b>FOR OFFICE USE ONLY:</b>	<b>STATE OF HAWAII</b>
<b>VERIFIED BY:</b>	<b>COUNTY OF _____</b>
_____	<b>} SS.</b>
<b>Authorized DLIR Representative</b>	<b>Subscribed and sworn to before me this</b>
_____, 2 _____	_____ day of _____, 2 _____
_____	_____
	<b>Notary Public, _____ Judicial Circuit,</b>
	<b>State of Hawaii</b>
	<b>My commission expires _____</b>

# COMPLAINT FORM WSD-1.398

Page 3 of 3

1. Qualifying reason you requested family leave (check one): <input type="checkbox"/> Birth of a child <input type="checkbox"/> Adoption of a child <input type="checkbox"/> To care for a child, spouse, or parent with a serious health condition	
2. Alleged violation(s) - Check those that apply and explain: <input type="checkbox"/> Refusal to properly grant family leave <input type="checkbox"/> Refusal to restore same or equivalent position <input type="checkbox"/> Failure to maintain or restore equivalent benefits <input type="checkbox"/> Refusal to authorize substitution of accrued paid leave (such as vacation) upon employee election <input type="checkbox"/> Denial of use of accrued and available sick leave <input type="checkbox"/> Other	
Explanation of circumstances and related details of the alleged violation(s) above:	
3. Date of alleged violation:	4. Date of discovery of alleged violation:
5. If your employer required certification for family leave, was it provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	6. Type of employer: <input type="checkbox"/> Private sector <input type="checkbox"/> Public sector: <input type="checkbox"/> State <input type="checkbox"/> County
7. Approximately how many employees does the employer have?	
8. Months of consecutive employment at the time of violation:	
9. Were you covered by a collective bargaining agreement?	

The above information is true to the best of my knowledge.

Print Name\_\_\_\_\_

Signature\_\_\_\_\_

Date\_\_\_\_\_